

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
*10/591690*

FILING DATE  
*14 APR 2007*

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	0		1			
4	0		1			
5	0		1			
6	0		1			
7	0		1			
8	0		1			
9	0		1			
10	0		1			
11	0		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
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TOTAL IND.	8	↓	8	↓		
TOTAL DEP.	9	←	9	←		
TOTAL CLAIMS	17		17			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			
TOTAL DEP.			←		↓	
TOTAL CLAIMS			←		↓	